

Fee \$ \_\_\_\_\_

Permit # \_\_\_\_\_

***Commonwealth of Massachusetts***

**Town of Egremont**

PO Box 368, South Egremont, MA 01258

Tel: (413) 528-0182 Fax: (413) 528-5465

Email: [tegrement@yahoo.com](mailto:tegrement@yahoo.com)

**Application for Annual Garbage Haulers Permit**

*All permits expires December 31<sup>st</sup>*

In accordance with MGL Chapter 111, Section 31A & B, the undersigned applies for this application to the Board of Health for permission to collect, transport and dispose of garbage as set forth below:

Name of Applicant \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

List number and types of equipment, their tonnage or yardage capacity, and date of vehicle inspection (attached additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_

Check location where your collected garbage is being disposed of:

Egremont Transfer Station ☐ Other ☐ \_\_\_\_\_

\_\_\_\_\_

As a permitted Egremont Garbage Hauler you are required to submit the following:

- A list of locations where you collect garbage (if using Egremont Transfer Station)
- Monthly tonnage report (if disposing of garbage other than Egremont Transfer Station)

As a permitted Egremont Garbage Hauler you **must** adhere to all state waste bans and recycling laws. Go to [www.mass.gov/dep](http://www.mass.gov/dep) for complete list. The Town of Egremont reserves the right to inspect loads at their Transfer Station if it is believed waste ban material is present, refuse loads containing waste ban material and to issue fines and penalties to those not adhering to all state waste ban laws. The Egremont Transfer Station will accept garbage during normal operationally hours only.

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of garbage collected anywhere other than in Egremont if I am using the Egremont Transfer Station. Failure to follow the guidelines specified in this application may constitute the immediate cancellation of my permit.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_